

# Appendix B. Post-training Questionnaires

## Medical Team Training Survey (MEDTEAMS™)

The purpose of this survey is to improve the effectiveness of DoD-sponsored medical team training (MTT) programs. The survey should take approximately 10 minutes of your time. Your name is not required. We appreciate your feedback!

Date\_\_\_\_\_Time\_\_\_\_\_

Physician \_\_\_\_ Nurse \_\_\_\_ Corpsman \_\_\_\_ Other (please specify) \_\_\_\_\_

### A. Please rate questions 1- 9 using the following 5-point scale.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

- \_\_\_\_\_ 1. The training was well-organized.
- \_\_\_\_\_ 2. The training content (case studies, videos, demonstrations, etc.) was appropriate for my department.
- \_\_\_\_\_ 3. Training prepared me to work effectively in my job.
- \_\_\_\_\_ 4. Training was an effective use of my time.
- \_\_\_\_\_ 5. Training will help my department improve patient safety.
- \_\_\_\_\_ 6. I am confident that I can perform the tasks that were trained.
- \_\_\_\_\_ 7. I am confident that I understood the training content.
- \_\_\_\_\_ 8. I am confident that I can use the knowledge that I learned on the job.
- \_\_\_\_\_ 9. As a result of this training, I feel more confident about my ability to work effectively in a team.

### B. In the space provided, please provide your comments for questions 10 - 12.

10. Did this training meet your expectations? Why or why not?
11. If you were to re-design this training: What would you add? What would you remove? What would stay the same? Why?
12. Would you recommend this training to others at work? Why or why not?

### Medical Team Training Survey (MTM)

The purpose of this survey is to improve the effectiveness of DoD-sponsored medical team training (MTT) programs. The survey should take approximately 10 minutes of your time. Your name is not required. We appreciate your feedback!

Physician \_\_\_\_ Nurse \_\_\_\_ Other (please specify) \_\_\_\_\_

What is your medical specialty? \_\_\_\_\_ At what base are you stationed? \_\_\_\_\_

If we have additional questions at a later time, may we contact you? YES NO

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### A. Please rate questions 1- 9 using the following 5-point scale.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

- \_\_\_\_ 1. The training was well-organized.
- \_\_\_\_ 2. The training content (case studies, videos, demonstrations, etc.) was appropriate for my department.
- \_\_\_\_ 3. Training prepared me to work effectively in my job.
- \_\_\_\_ 4. Training was an effective use of my time.
- \_\_\_\_ 5. Training will help my department improve patient safety.
- \_\_\_\_ 6. I am confident that I can perform the tasks that were trained.
- \_\_\_\_ 7. I am confident that I understood the training content.
- \_\_\_\_ 8. I am confident that I can use the knowledge that I learned on the job.
- \_\_\_\_ 9. As a result of this training, I feel more confident about my ability to work effectively in a team.

#### B. In the space provided, please provide your comments for questions 10 - 12.

10. Did this training meet your expectations? Why or why not?
11. If you were to re-design this training: What would you add? What would you remove? What would stay the same? Why?
12. Would you recommend this training to others at work? Why or why not?

### Medical Team Training Survey (DOM)

The purpose of this survey is to improve the effectiveness of DoD-sponsored medical team training (MTT) programs. The survey should take approximately 10 minutes of your time. Your name is not required. We appreciate your feedback!

Physician \_\_\_\_ Nurse \_\_\_\_ Other (please specify) \_\_\_\_\_

What is your medical specialty? \_\_\_\_\_

If we have additional questions at a later time, may we contact you? YES NO

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### A. Please rate questions 1- 9 using the following 5-point scale.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

- \_\_\_\_ 1. The training was well-organized.
- \_\_\_\_ 2. The training content (case studies, videos, demonstrations, etc.) was appropriate for my department.
- \_\_\_\_ 3. Training prepared me to work effectively in my job.
- \_\_\_\_ 4. Training was an effective use of my time.
- \_\_\_\_ 5. Training will help my department improve patient safety.
- \_\_\_\_ 6. I am confident that I can perform the tasks that were trained.
- \_\_\_\_ 7. I am confident that I understood the training content.
- \_\_\_\_ 8. I am confident that I can use the knowledge that I learned on the job.
- \_\_\_\_ 9. As a result of this training, I feel more confident about my ability to work effectively in a team.

#### B. In the space provided, please provide your comments for questions 10 - 12.

10. Did this training meet your expectations? Why or why not?
11. If you were to re-design this training: What would you add? What would you remove? What would stay the same? Why?
12. Would you recommend this training to others at work? Why or why not?